

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009798

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 488

FILED MAR 5 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		c. CITY OR TOWN Kirkwood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If outside, give location) 603 Edna Ave.	
3. NAME OF DECEASED (Type or print) First CATHERINE Middle ANNA Last HARMS		4. DATE OF DEATH Month Feb. Day 11 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-1-1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Aluma-Kraft Corp/	
13a. FATHER'S NAME John Schluetker		13b. MOTHER'S MAIDEN NAME Margaret Rekers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. 442	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the rectum Carcinomatosis DUE TO (b) Carcinomatosis DUE TO (c) Carcinomatosis		14. NAME OF HUSBAND OR WIFE William C. Harms	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None	
20c. TIME OF INJURY Hour --- a.m. --- p.m. ---	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---		20f. CITY, TOWN, OR LOCATION ---	
21. I attended the deceased from 1933 to 2-11-63 and last saw xx alive on 2-11-63 Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 2-12-63	
22a. SIGNATURE Charles C. Drace		22b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-14-1963	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	
24. FUNERAL DIRECTOR Pfritzing Mort-Kirkwood 22, Mo.		25. DATE RECD. BY LOCAL REG. 2-13-63	
26. REGISTRAR'S SIGNATURE John B. Murphy		27. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4366

P. O. Address Home 6 MB

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.